

Mike's Driving School, inc.
Graduated Driver Learner's Permit Application

First Name: _____ MI: _____ Last Name: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Date of Birth: ___/___/___ Age: _____ Sex: _____ Eye Color: _____ Wt: _____ Ht: _____

Driver License Number of Parent or Legal Guardian: _____

State Of Issue: _____

1. Is your driving privilege now revoked or suspended in any state? Yes _____ No _____
2. Do you have any mental or physical disability? Yes _____ No _____
3. Do you suffer from epilepsy, blackouts or convulsive disorders of any type? Yes _____ No _____
4. Are you in this country legally? Yes _____ No _____

If you answered "YES" to questions 1, 2 or 3 please explain (please

print): _____

_____.